

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. 910418-20-003

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Rosa Moorers, H/C

Petition No. 910418-20-003

REINSTATEMENT AGREEMENT

WHEREAS, Rosa Moorers of Willimantic, Connecticut has applied for reinstatement of her license to practice as a hairdresser/cosmetician by the Department of Health Services pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and

WHEREAS, Rosa Moorers hereby admits and acknowledges that:

1. She was issued license number 019986 to practice hairdressing/cosmetology in the State of Connecticut.
2. On July 29, 1988 she was convicted of possession of narcotics and was sentenced to two years of probation.
3. On December 6, 1989 she was terminated from probation.
4. By her actions described in paragraph 2. above she committed acts which fail to conform to the accepted standards of licensed hairdressers/cosmeticians and she is subject to reinstatement denial under §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, Rosa Moorers hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.

2. That she shall be granted a license to practice as a hairdresser
/cosmetician.
3. That she shall be on probation for one year.
4. That her probation is subject to the following conditions:
 - A. 1.) She shall provide a copy of this Reinstatement Agreement to her therapist.
 - 2.) She shall engage in counseling with a licensed or certified therapist, with frequency of sessions as recommended by that therapist. Counseling shall be at her own expense.
 - 3.) She shall be responsible for the provision of monthly reports from her therapist; said reports are due on the first business day after every month.
 - 4.) She shall be responsible for providing random, observed urine and/or random blood screens for controlled substances and alcohol at the discretion of her therapist. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. She shall be responsible for notifying the laboratory and her therapist of any drug(s) she is taking. There must be at least one such controlled substance and alcohol screen per month (more at the discretion of her therapist.) Said report shall be negative for controlled substances and alcohol.

- 5.) Said reports cited in 4.A.3. and 4.A.4. above shall include documentation of dates of treatment, an evaluation of her progress and controlled substance and alcohol free status, and copies of all laboratory reports. Said reports shall be issued to the Department of Health Services at the address cited in paragraph 9. below.
- B.
 - 1.) She shall provide a copy of this Reinstatement Agreement to her employer.
 - 2.) She shall be responsible for the provision of quarterly reports from her hairdresser/cosmetician supervisor due on the first business day of every month.
 - 3.) Said reports cited in 4.B.2. above shall include documentation of her ability to safely and competently practice hairdressing/cosmetology. Said reports shall be issued to the Department of Health Services at the address cited in paragraph 9. below.
- C.
 - 1.) She shall attend Alcoholics Anonymous or Narcotics Anonymous a minimum of three times per month.
5. That she shall not obtain for personal use and/or use alcohol or any controlled substance that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
6. That the Department of Health Services must be informed prior to any change of employment.

7. That the Department of Health Services must be informed prior to any change of address.
8. That she shall provide signed releases for all prior and current treaters as requested by the Department of Health Services.
9. That all correspondence and reports are to be addressed to:

Lynne Hurley, Investigator
Public Health Hearing Office
Department of Health Services
150 Washington Street
Hartford, CT 06106

10. That any deviation from the term(s) of the agreement without prior written approval by the Department of Health Services shall constitute a violation. A violation of any term(s) of this Reinstatement Agreement above shall result in the right of the Department of Health Services to immediately revoke her hairdressing/cosmetician license. Any extension of time or grace period for reporting granted by the Department of Health Services shall not be a waiver or preclude the Department's right to take action at a later time. The Department of Health Services shall not be required to grant future extensions of time or grace periods. Notice of revocation action shall be sent to her address of record (most current address reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department of Health Services.
11. That this Reinstatement Agreement is effective when accepted and approved by a duly appointed agent of the Department of Health Services.
12. That she understands this Reinstatement Agreement is a matter of public record.
13. That she understands this Reinstatement Agreement may be considered

as evidence of the above admitted violations in any proceeding before the Department of Health Services or Connecticut Board of Examiners for Barbers, Hairdressers and Cosmetologists (1) in which her compliance with this same agreement is at issue, or (2) in which her compliance with §20-263 of the General Statutes of Connecticut, as amended, is at issue.

14. That this Reinstatement Agreement and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any rights that she may have under the laws of the State of Connecticut or of the United States.
15. That she understands she has the right to consult with an attorney prior to signing this document.

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I, Rosa Moorner, have read the above Reinstatement Agreement, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Agreement to be my free act and deed.

Rosa Moorner
Rosa Moorner

Subscribed and sworn to before me this 3rd day of September 1991.

Patricia Adams-Windham Town Clerk
Notary Public or person authorized
by law to administer an oath or
affirmation.
Commission Expires: 3/31/94

The above Reinstatement Agreement having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 10th day of September 1991, it is hereby ordered and accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

LAM:cja
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6/91



STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

DIVISION OF MEDICAL QUALITY ASSURANCE

SEPTEMBER 11, 1991

ROSA A MOORER
738 MAIN STREET
WILLIMANTIC, CT 06226

DEAR MS MOORER:

This is to inform you that your hairdressing/cosmetology license number 019986 has been reinstated effective the date of this letter. Therefore, you are considered licensed as of this date and may use this letter until you receive your formal license.

A validated IBM registration card for the remainder of the current renewal period expiring on the last day of your month of birth will follow, which you should sign and keep. The serial number appearing on this card is your permanent license number. Please refer to it if you have occasion to write this office.

ANNUAL RENEWAL REQUIRED WITH DEPARTMENT OF HEALTH SERVICES

Renewal of your hairdressing/cosmetology license is required, by law, annually during the month of your birth. The renewal fee is five dollars (\$5.00). The fee is required whether or not you are located in Connecticut. An IBM application will be sent you a month prior to the renewal date.

If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application to the Connecticut Department of Health Services.

CHANGE OF ADDRESS

State law requires you to notify this office within thirty (30) days of ANY change of address whether in or out of this State. This is most important as it is the only means we have of ascertaining your whereabouts and keeping our records up to date. It is important in case of inquiry for verification of your license.

Respectfully,

A handwritten signature in black ink, appearing to read "Joseph J. Gillen".

Joseph J. Gillen, Section Chief
Applications, Examinations and Licensure

JJG/bjh
(0737)

(203) 566-1042

Phone:
150 Washington Street - Hartford, Connecticut 06106
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